

House of Representatives

Washington, DC 20515

APPLICATION	
Name:	Age: Grade:
School:	
Home Address:	
Email:	
Preferred Telephone: ()	
ADDITIONAL MATERIALS	
Please include a cover letter explaining your inter Council and how your unique experiences will he the Youth Advisory Council. (Maximum 350 wo	elp to contribute to the goals and mission of
Signature:	Date:
Parent Signature:	